

## **Instruction for use of “Semi-annual Compliance Report” - Form 2**

**Use this form if there was a deviation during the reporting period**

### **General**

- Use Form 1 if no deviations occurred during the reporting period.
- Use Form 2 if a deviation occurred during the reporting period.
- Form 2 consists of multiple forms, including a summary form (2.1), deviation form (2.2), an inoperative continuous parameter monitoring system (CPMS) form (2.3), and an out-of-control CPMS form (2.4).

Form 2 and its associated forms may be used by facilities that operate asphalt processing or asphalt roofing products manufacturing operations (affected sources) to comply with the semi-annual compliance reporting requirements in 16.10.1 and 16.10.3 of Section 16 of Regulation 1138. The use of Form 2 is optional. However, other means of reporting must contain the information required under 16.10.1 and 16.10.3 of Section 16 of Regulation 1138.

### **Required Submittal Date**

The owner or operator of an asphalt processing or asphalt roofing products manufacturing operation shall submit a semi-annual compliance report to the Department (with copy to the U.S. Environmental Protection Agency) by the following dates.

- No later than July 31 for the reporting period of January 1 through June 30.
- No later than January 31 for the reporting period of July 1 through December 31.

The addresses for this submittal are provided below and in Item 10 of the “Semi-annual Compliance Report” form.

### **Items 1**

Provide the name of the affected asphalt processing or asphalt roofing products manufacturing operation.

### **Items 2**

Provide the physical location of the affected asphalt processing or asphalt roofing products manufacturing operation.

### **Items 3**

Provide the name of the owner or operator of the affected asphalt processing or asphalt roofing products manufacturing operation identified in Items 1 and 2.

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### **Item 4**

Identify the reporting period covered by the semi-annual compliance report by circling the appropriate beginning and ending dates and entering the year in the space provided.

Should the reporting period begin or end with a different date, write in the different beginning date or ending date on the right side of Item 4. This would occur, for example, in the initial reporting period of December 11 (the initial compliance date for existing sources) through December 31, 2010.

### **Item 5**

Identify (checking the appropriate box) whether there were any periods during which any continuous parameter monitoring system was out-of-control, as specified in 3.8.3.7 of Regulation 1138.

A continuous parameter monitoring system is out-of-control if either of the following occurs.

- The zero (low-level), mid-level (if applicable), or high-level calibration drift (CD) exceeds two times the applicable CD specification in the applicable performance specification or in the relevant standard or
- The continuous parameter monitoring system fails a performance test audit (e.g., cylinder gas audit), relative accuracy audit, relative accuracy test audit, or linearity test audit.

### **Item 6**

For each of the emission points, identify the following using the tables provided in Item 6 on Page 2 of the “Semi-annual Compliance Report” form.

- Identify whether a control device is used to comply with the emission limitations of Section 16.
- Identify the site-specific process parameter(s) being monitored to comply with the emission limitations of Section 16, if no control device is used.
- Identify the type of operations (e.g. blowing still, coater only, saturator only, or combined saturator and coater) being controlled by either a control device or process operating condition.

### **Item 7**

Identify and provide a brief description of all changes that were made to any control device or any continuous parameter monitoring system during the reporting period covered by this report.

## **Instruction for use of “Semi-annual Compliance Report” - Form 2**

Use this form if there was a deviation during the reporting period

(Continued)

### **Item 8**

The responsible person, as defined in 3.2 of Regulation 1138, must certify that the statements and information contained in the semi-annual compliance report are true, accurate, and complete.

The responsible person must also sign the “Semi-annual Compliance Report” form and provide the information requested.

### **Item 9**

Provide the date the semi-annual compliance report was prepared.

### **Item 10**

The owner or operator must submit the completed “Semi-annual Compliance Report” forms to the Department of Natural Resources and Environmental Control (with a copy to the U.S. Environmental Protection Agency) at the addresses provided below and in Item 10 of the form. The owner or operator should keep a copy of the completed form.

### **Submit the Semi-annual Compliance Report to the following addresses**

Delaware Department of Natural Resources and  
Environmental Control  
Director of Air Quality  
Blue Hen Corporate Center  
655 S. Bay Road Suite 5N  
Dover, DE 19901

U. S. Environmental Protection Agency  
Director, Air Protection Division  
1650 Arch Street  
Philadelphia, PA 19103

# **Instruction for use of “Semi-annual Compliance Report” - Form 2**

Use this form if there was a deviation during the reporting period

(Continued)

## **Summary Report – Form 2.1**

### **General**

**Include all Form 2.1 reports with the submittal of Form 2**

### **Item 1**

After documenting all deviations that occurred during the reporting period, the owner or operator shall determine the following and enter that information into the appropriate place in Item 1 of Form 2.1.

- The total number of deviations that occurred during the reporting period. This number should be the same as the number of Form 2.2 reports completed (one per deviation) and submitted with the “Semi-annual Compliance Report” form.
- The total number of hours that elapsed during all deviations that occurred during the reporting period. This number is the sum of the individual elapsed times reported under Item 2 on the individual Form 2.2 reports.
- The total number of operating hours for the asphalt processing and asphalt roofing products manufacturing operations (processes) during the reporting period.
- The percentage of total operating time in which the deviations occurred by dividing the total number of hours that elapsed during all deviations by the total number of hours of operation.

### **Item 2**

After documenting all deviations that occurred during the reporting period, the owner or operator shall determine the breakdown of the causes of the deviations during the reporting period. Determine the total number of hours for each cause by adding duration of the individual deviations using the hours reported in Item 2 of the Form 2.2 report. Enter those totals into the appropriate places in Item 2 of Form 2.1.

### **Item 3**

After documenting all inoperative continuous parameter monitoring system (CPMS) events that occurred during the reporting period, the owner or operator shall determine the following and enter that information into the appropriate place in Item 3 of Form 2.1.

- The total number of inoperative CPMS events that occurred during the reporting period. This number should be the same as the number of events listed on the Form 2.3 reports and submitted with the “Semi-annual Compliance Report” form.

## **Instruction for use of “Semi-annual Compliance Report” - Form 2**

Use this form if there was a deviation during the reporting period

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### **Summary Report – Form 2.1**

#### **Item 3 - Continued**

- The total number of hours that elapsed during all inoperative CPMS events that occurred during the reporting period. This number is the sum of the individual elapsed times reported in the right column of Item 1 on the Form 2.3 reports.
- The total number of operating hours for the asphalt processing and asphalt roofing products manufacturing operations (processes) during the reporting period. This should be the same number that was reported in Item 1 of this report.
- The percentage of the total operating time in which the CPMS was inoperative by dividing the total number of hours that elapsed when a CPMS was inoperative by the total number of hours of operation.

## **Instruction for use of “Semi-annual Compliance Report” - Form 2**

Use this form if there was a deviation during the reporting period

(Continued)

### **Deviation Report – Form 2.2**

#### **General**

The owner or operator should prepare a deviation report (Form 2.2) for each deviation that occurs.

**Include Form 2.2 with the submittal of Form 2.**

#### **Item 1**

The owner or operator shall provide a complete description of the nature of the deviation that occurred. The description should include at a minimum the following information.

- A description of the deviation.
- An identification of the hazardous air pollutant (HAP) being monitored, which would be either polycyclic aromatic hydrocarbon or particulate matter.
- A brief description of the process unit, which would be the blowing still or the roofing product manufacturing equipment.
- A brief description of the continuous parameter monitoring system (CPMS).
- The date and time that the deviation started.
- The date and time that the deviation ended.
- The date of the latest CPMS certification or audit.
- Whether or not the deviation occurred during a startup, shutdown or malfunction.

#### **Item 2**

Identify the cause of the deviation, by checking the most appropriate cause from the following causes.

- Startup problems
- Shutdown problems
- Control device problems
- Process problems
- Other known problems
- Unknown causes

Using the dates and times that the deviation started and ended, determine, by difference, the duration (in hours) of the deviation and enter that time of the deviation in box to the right of the “checked” cause.

## **Instruction for use of “Semi-annual Compliance Report” - Form 2**

**Use this form if there was a deviation during the reporting period**

(Continued)

### **Inoperative CPMS Report – Form 2.3**

#### **General**

The owner or operator should identify each inoperative continuous parameter monitoring system (CPMS) event on the inoperative CPMS report (Form 2.3). Form 2.3 allows for the entry of up to 10 CPMS inoperative events per report form. The owner or operator should use additional copies of Form 2.3, if needed.

**Include Form 2.3 with the submittal of Form 2, if an inoperative CPMS event occurs during the reporting period.**

#### **Item 1**

For each inoperative CPMS event, the owner or operator shall provide the following information in Item 1 of Form 2.3.

- The identity of the inoperative CPMS.
- The date and time that the CMPS became inoperative.
- The date and time that the CMPS returned to proper operation.

Using the dates and times that the CPMS inoperability started and ended, determine, by difference, the duration (in hours) of the CPMS inoperability and enter the event duration in the right column of the Item 1 table.

## **Instruction for use of “Semi-annual Compliance Report” - Form 2**

Use this form if there was a deviation during the reporting period

(Continued)

### **Out-of-control CPMS Report – Form 2.4**

#### **General**

The owner or operator should identify each out-of- control continuous parameter monitoring system (CPMS) event on the out-of- control CPMS report (Form 2.4). Form 2.4 allow for the entry of up to 10 events per report form. The owner or operator should use additional copies of Form 2.4, if needed.

**Include Form 2.4 with the submittal of Form 2, if an out-of- control continuous parameter monitoring system (CPMS) event occurs during the reporting period.**

#### **Item 1**

For each out-of- control CPMS event, the owner or operator shall provide the following information in Item 1 of Form 2.4.

- The identity of the out-of-control CPMS.
- The date and time that the CMPS went out-of-control.
- The date and time that the CMPS returned to proper operation.

Using the dates and times that the CPMS went out-of- control and returned to proper operation, determine, by difference, the duration (in hours) of the out-of- control CPMS event and enter the event duration in the right column of the Item 1 table.

Identify the corrective actions taken to return the out-of control CPMS to proper operation.



# **Semi-annual Compliance Report**

**Form 2**

Use this form  
when a  
deviation  
occurred during  
the reporting  
period

## **Regulation 1138 – Section 16**

### **Emission Standards for Area Source Asphalt Processing and Asphalt Roofing Products Manufacturing Operations**

**Submittal Date:** The normal reporting periods are January 1 – June 30 and July 1 – December 31.  
The semi-annual compliance report must be submitted no later than 31 days following  
the end of the reporting period.

[1] **Name of the facility:**

[2] **Physical location – Street Address:** \_\_\_\_\_

City, State, Zip Code : \_\_\_\_\_

[3] **Name of Owner or Operator:**

[4] **Identify the reporting period covered by this semi-annual compliance report.**

**Circle the appropriate dates**

- |  |           |             |                   |
|--|-----------|-------------|-------------------|
| • Beginning date of the reporting period | January 1 | July 1      | _____             |
| • Ending date of the reporting period    | June 30   | December 31 | <b>YEAR</b> _____ |

[5] **Identify whether there were any periods during which any continuous parameter monitoring system (CPMS) was out-of-control, as specified in 3.8.3.7 of this regulation.**

**Check appropriate box below**

<input type="checkbox"/>
<input type="checkbox"/>

There were **no periods** during which any of the CPMS were out-of-control during the reporting period.

**Yes**, there were periods during which the CPMS were out-of-control during the reporting period.

[6] **Identify whether control devices or process conditions are employed to comply with the emission limitations of Section 16 of Regulation 1138 by completing Item 6 on Page 2 of this report form (Form 2).**

[7] **Identify and describe any changes made to the control devices or continuous parameter monitoring systems during the reporting period.**

[8] **I certify that all the statements and information contained in this report are true, accurate, and complete.**

Printed Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date : \_\_\_\_\_

[9] **Date of this report:**

[10] **The owner or operator must submit this “Semi-annual Compliance Report” form to the following agencies by the submittal date provided above on this form. Remember to keep a copy of this report.**

Delaware Department of Natural Resources  
and Environmental Control  
Director of Air Quality  
Blue Hen Corporate Mall  
655 S. Bay Road, Suite 5N  
Dover, DE 19901

U. S. Environmental Protection Agency  
Director, Air Protection Division  
1650 Arch Street  
Philadelphia, PA 19103

# **Semi-annual Compliance Report**

**Form 2**

## **Regulation 1138 – Section 16**

### **Emission Standards for Area Source Asphalt Processing and Asphalt Roofing Products Manufacturing Operations**

Use this form  
when a  
deviation  
occurred during  
the reporting  
period

- [6] Identify whether a control devices or process operating conditions are being used to comply with the emission limitations of Section 16 of Regulation for each emission point.

Asphalt processing emission points	Type of operation	<u>Check appropriate box</u> Is a control device used?		If a control device is not used, identify the site-specific process parameter(s) being monitored to demonstrate compliance.
AP emission point #1	Blowing still	<input type="checkbox"/>	Yes <input type="checkbox"/> No	
AP emission point #2	Blowing still	<input type="checkbox"/>	Yes <input type="checkbox"/> No	
AP emission point #3	Blowing still	<input type="checkbox"/>	Yes <input type="checkbox"/> No	

Asphalt roofing products manufacturing emission points	Type of <sup>A</sup> operation	<u>Check appropriate box</u> Is a control device used?		If a control device is not used, identify the site-specific process parameter(s) being monitored to demonstrate compliance.
RP emission point #1		<input type="checkbox"/>	Yes <input type="checkbox"/> No	
RP emission point #2		<input type="checkbox"/>	Yes <input type="checkbox"/> No	
RP emission point #3		<input type="checkbox"/>	Yes <input type="checkbox"/> No	
RP emission point #4		<input type="checkbox"/>	Yes <input type="checkbox"/> No	
RP emission point #5		<input type="checkbox"/>	Yes <input type="checkbox"/> No	

Note A: Indicate the type of operation with “C” (coater only), “S” (saturator only) or “CS” (combined saturator & coater)

Include all applicable Form 2.1, Form 2.2, Form 2.3 and Form 2.4, when submitting Form 2

# **Semi-annual Compliance Report**

**Form 2.1**

## **Regulation 1138 – Section 16**

**Summary  
Report**

### **Emission Standards for Area Source Asphalt Processing and Asphalt Roofing Products Manufacturing Operations**

**Name of the facility:**

**[1] Describe the duration of all deviations occurring during the reporting period in terms to the total operation time.**

- |  |   |
|--|---|
| • Provide the number of deviations that occurred during the reporting period :   | Number:                                     |
| • Provide the overall duration of all of the deviations that occurred during the reporting period (hours) :                      | Total deviation time, hours:                |
| • Provide the total number of hours that the processes were operating during the reporting period (hours) :                      | Total operating time, hours:                |
| • Calculate and provide the percentage of the total deviation time to the total operating time during the reporting period (%) : | Deviations as percent of operating time, %: |

**[2] Breakdown the duration of all deviations occurring during the reporting period in terms of the cause of the deviation.**

**Calculate and provide the total  
duration of all deviations, hours**

- |  |  |
|--|--|
| • Startup problem deviation time, hours        |  |
| • Shutdown problem deviation time, hours       |  |
| • Control device problem deviation time, hours |  |
| • Process problem deviation time, hours        |  |
| • Other known cause deviation time, hours      |  |
| • Unknown cause deviation time, hours          |  |
| • Total deviation time, hours                  |  |

**[3] Describe the duration of the continuous parameter monitoring system (CPMS) downtime during the reporting period in terms to the total operation time.**

- |   |   |
|---|---|
| • Provide the number of CPMS inoperative events that occurred during the reporting period :   | Number:   |
| • Provide the overall duration of all of the CPMS inoperative events that occurred during the reporting period (hours) :                        | Total CPMS inoperative time, hours:                 |
| • Provide the total number of hours that the processes were operating during the reporting period (hours) :                                     | Total operating time, hours:                        |
| • Calculate and provide the percentage of the total time the CPMS was inoperative to the total operating time during the reporting period (%) : | CPMS Inoperability as percent of operating time, %: |

# Semi-annual Compliance Report

Form 2.2

## Regulation 1138 – Section 16

Deviation  
Report

Emission Standards for Area Source  
Asphalt Processing and Asphalt Roofing Products Manufacturing Operations

Name of the facility:

[1] Describe the nature of the deviation.

- Identify the deviation:

Check appropriate box

- Identify the HAP being monitored ☐ Polycyclic aromatic hydrocarbon ☐ Particulate matter

- Provide a brief description of the process unit

- Provide a brief description of the continuous parameter monitoring system (CPMS)

- Provide the latest date of the CPMS certification or audit:

- Provide the date and time the deviation started: Date: Time:

- Provide the date and time the deviation stopped: Date: Time:

- Did the deviation occur during a period of startup, shutdown, or malfunction? ☐ Yes ☐ No

[2] Identify (checking the appropriate box), the cause of the deviation. Calculate the duration of the deviation and provide the duration in the box provided the right of the “checked” cause.

Check appropriate box  
For cause of the deviation

Calculate and provide the  
duration of the deviation, hours

<input type="checkbox"/>	Startup problems	
<input type="checkbox"/>	Shutdown problems	
<input type="checkbox"/>	Control device problems	
<input type="checkbox"/>	Process problems	
<input type="checkbox"/>	Other known causes	
<input type="checkbox"/>	Unknown causes	

# **Semi-annual Compliance Report**

**Form 2.3**

## **Regulation 1138 – Section 16**

**Inoperative  
CPMS  
Report**

**Emission Standards for Area Source  
Asphalt Processing and Asphalt Roofing Products Manufacturing Operations**

**Name of the facility:**

**[1] Provide the following information for each instance that a continuous parameter monitoring system (CPMS) is inoperative, except for zero (low-level) and high-level checks, during the reporting period.**

<b><u>Identify Inoperative CPMS</u></b>	<b><u>Start of CPMS Inoperability</u></b>		<b><u>End of CPMS Inoperability</u></b>		<b>CPMS Inoperative Duration, Hours</b>
	<b>Start date</b>	<b>Start time</b>	<b>End date</b>	<b>End time</b>	

# Semi-annual Compliance Report

Form 2.4

## Regulation 1138 – Section 16

Out-of-Control  
CMPS Report

Emission Standards for Area Source  
Asphalt Processing and Asphalt Roofing Products Manufacturing Operations

Name of the facility:

[1] Provide the following information for each instance that a continuous parameter monitoring system (CPMS) is out-of-control during the reporting period.

Identify out-of-control CPMS and Corrective Action Taken	Start of out-of-control CPMS		End of out-of-control CPMS		Out-of-control Duration, Hours
	Start date	Start time	End date	End time	
Corrective Action Taken:					
Corrective Action Taken:					
Corrective Action Taken:					
Corrective Action Taken:					
Corrective Action Taken:					
Corrective Action Taken:					
Corrective Action Taken:					
Corrective Action Taken:					
Corrective Action Taken:					
Corrective Action Taken:					

Out-of-Control CPMS Report